ARIZONA FORM 140X

Individual Amended Return

Mail to: Arizona Department of Revenue, PO Box 29002, Phoenix AZ 85038-9002

1996

For calendar year 19_____ or fiscal year beginning _____, 19_____ and ending _____, 19_____. [66]

1 First name and initial - If joint return also give spouse's name & initial | Last name | Your social security number

2 Present home address - number and street, including apartment number or rural route | Apt. No. | Daytime telephone ( ) | Spouse's social security number

3 City, town or post office | State | ZIP code [94] | Home telephone ( ) | **For DOR use only**

Name and address on original return (if same, write "Same")

Filing Status

			On Original Return	On This Return	
4	Married filing joint return	4			[88]
5	Head of household - *name of qualifying dependent* _____	5			
6	Married filing separate return. Enter spouse's social security number above and full name here ➤ _____	6			[81]
7	Single	7			

Residency Status

					Check only one: [97]	
8	Resident	8			Form 140 1	
9	Nonresident	9			Form 140A 2	
10	Part-year resident	10			Form 140NPR 3	
11	Part-year resident active military	11			Form 140NR 4	
12	Nonresident active military	12			Form 140PY 5	

Enter corrected percentage of Arizona residency if 140NPR, NR, or PY _____ %

Income

See instructions

IMPORTANT: *In order for your amended return to be processed, you must enter an amount in columns (a), (b) and (c) for lines 13 through 17 and lines 19, 21, 22, 26 and 27.*

		(a) AMOUNT REPORTED ON ORIGINAL	(b) AMOUNT TO BE ADDED (SUBTRACTED)	(c) CORRECTED AMOUNT
13	Federal adjusted gross income/Arizona gross income...................			13
14	Arizona adjusted gross income			14
15	Deductions (Itemized or Standard)			15
16	Personal exemptions			16
17	Arizona taxable income. *Subtract lines 15 and 16 from line 14*			17

Figuring Your Tax

18	Tax from tax rate table: ☐ Table X or Y (140, 140NPR, 140NR or 140PY) ☐ Optional Table (140 or 140A)		18
19	Tax from recapture of credits from Arizona Form 301, Part II		19
20	Subtotal of tax. *Add lines 18 and 19, column (c)*		20
21	Family income tax credit (1995 or 1996)		21
22	Credits: from Arizona Schedules CR, CRH, or Form 301, Part II		22
23	Credit type - *enter form number of each credit claimed* .... [23] [3]___ [3]___ [3]___		
24	Total credit. *Add lines 21 and 22, column (c)*		24
25	Total tax. *Subtract line 24 from line 20. If line 24 is more than line 20, enter zero*		25

Payments/Credits

26	Payments (withholding, estimated, or extension). *See page 2, Part III A*		26
27	Property tax credit		27
28	Payment with original return. *Plus all payments after it was filed. Complete page 2, Part III B*		28
29	Federal retiree credit applied to original return		29
30	Total payments and special tax credits. *Add lines 26, through 29 column (c)*		30

Refund or Tax Due

Attach check or money order

31	Overpayment from original return	31
32	Balance of credits. *Subtract line 31 from line 30*	32
33	**REFUND/CREDIT DUE.** If line 25 is less than line 32, subtract line 25 from line 32 and enter refund/credit amount	33
34	Amount to be applied to 1997 estimated tax. *If zero, enter "0"*	34
35	**AMOUNT OWED.** If line 25 is more than line 32, subtract line 32 from line 25 and enter amount owed	35
36	Enter the amount from line 14, column c that pertains to your Federal retirement contribution...	36
37	Have you ever been advised that your original return is being or will be audited by the Arizona Department of Revenue or the Internal Revenue Service? ☐ YES ☐ NO	DOR USE ONLY [82] [99]

Please Sign Here

I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Occupation

Spouse's signature	Date	Spouse's occupation

Paid Preparer's Information

Preparer's signature	Date	Firm's name (preparer's if self-employed)

Preparer's TIN	Preparer's address

ADOR 06-0018 (96)

		(a) Number Reported	(b) Net Change	(c) Corrected Number
PART I **Exemptions**	**1** Age 65 or over			
	2 Blind			
Do not list **yourself or** **spouse as** **dependents**	**3** Your dependent children and other dependents			
	4 Total. *Add lines 1 through 3*			

List below the names of children and other dependents related to you.
Enter number of dependents listed here ....

List children and other dependents. If more space is needed, attach a separate sheet.

First name	Last name	Social security number	Relationship	No. of months lived in your home in 1996

For 1996, enter the names of the dependents listed above who do not qualify as your dependent on your federal return because:
(1) The dependent's income was $2,550 or more   _____   _____
(2) The dependent filed a joint federal return with his/her spouse   _____   _____
(3) You claimed the dependent under the Arizona age 65 or over rules   _____   _____

PART II
Income,
Deductions,
and Credits

List the line reference from page 1 for which you are reporting a change; then give the reason for each change. Attach any supporting documents required. If the change(s) pertain(s) to an IRS audit, please attach a copy of agent's report. If you filed an amended federal return with the IRS (Form 1040X), please attach a copy, plus all supporting schedules.

_____

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PART III
Payments

A. Payments (Withholding, Est., Ext.)	Date of Payment	Amount	B. Payments (Other)	Date of Payment	Amount
5 Estimated payment	_____	_____	**12** Payment with original return....	_____	_____
6 Estimated payment	_____	_____	**13** Payment	_____	_____
7 Estimated payment	_____	_____	**14** Payment	_____	_____
8 Estimated payment	_____	_____	**15** Payment	_____	_____
9 Extension request payment	_____	_____	**16** Payment	_____	_____
10 Arizona income tax withheld on Form(s) W-2		_____	**17** Payment	_____	_____
11 Total. *Add lines 5 through 10 and enter here and on the front of this form, line 26*		_____	**18** Total. *Add lines 12 through 17 and enter here and on the front of this form, line 28*		_____